

Name
in
Full

no name

Buttlingham Md

CERTIFICATE OF DEATH

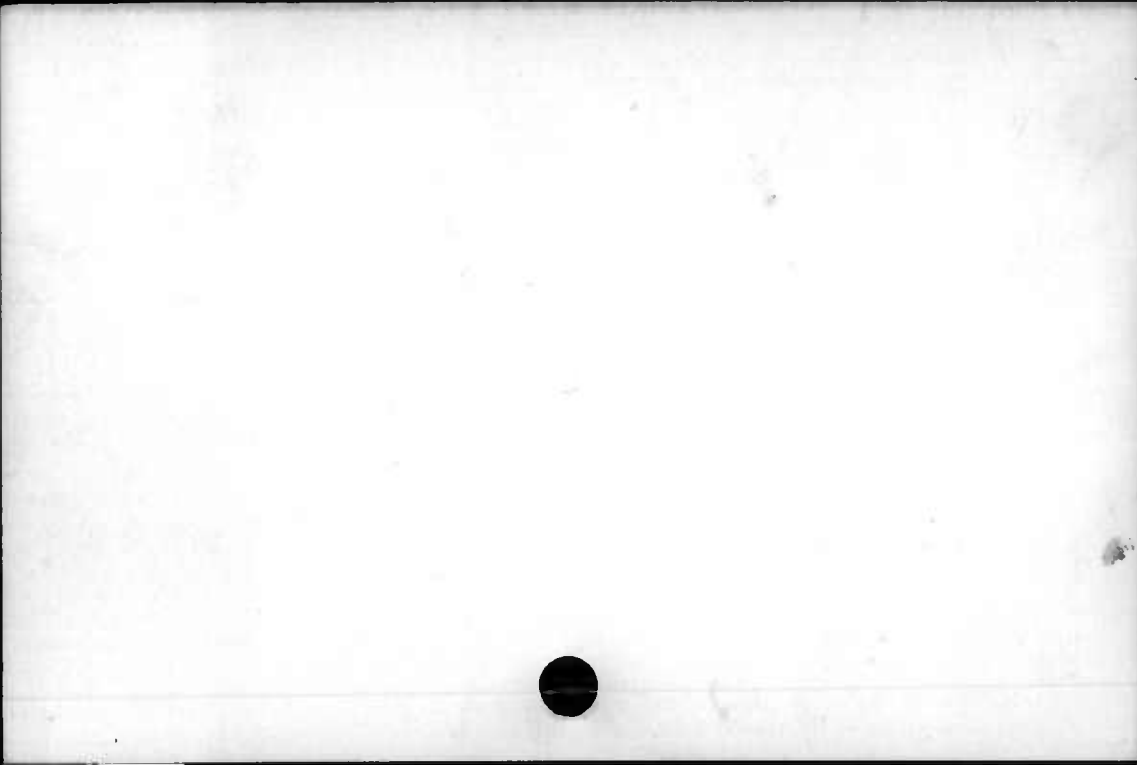
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke</i>		Town <i>Pocomoke</i>		County <i>Comerzet</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>29</i>		Age at birth <i>Years Months Days</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>at home of parents</i>			
Occupation <i>Premature birth</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>infant</i>		Name of Wife or Husband					
Father's Name <i>Burton F Brittingham</i>		Father's Birthplace <i>Comerzet Md</i>					
Mother's Maiden Name <i>Lallie Beauchamp</i>		Mother's Birthplace <i>Worcester Md</i>					
Name of person giving Information <i>Burton Brittingham</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature labor</i>		How long <i>one week</i>	
Immediate <i>Strangulation</i>		How long <i>unknown</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. J. Goston</i>	
		Address <i>Pocomoke Md</i>	
Accident or Suicide?			



Name
in
Full

Ida Broughton

CERTIFICATE OF DEATH

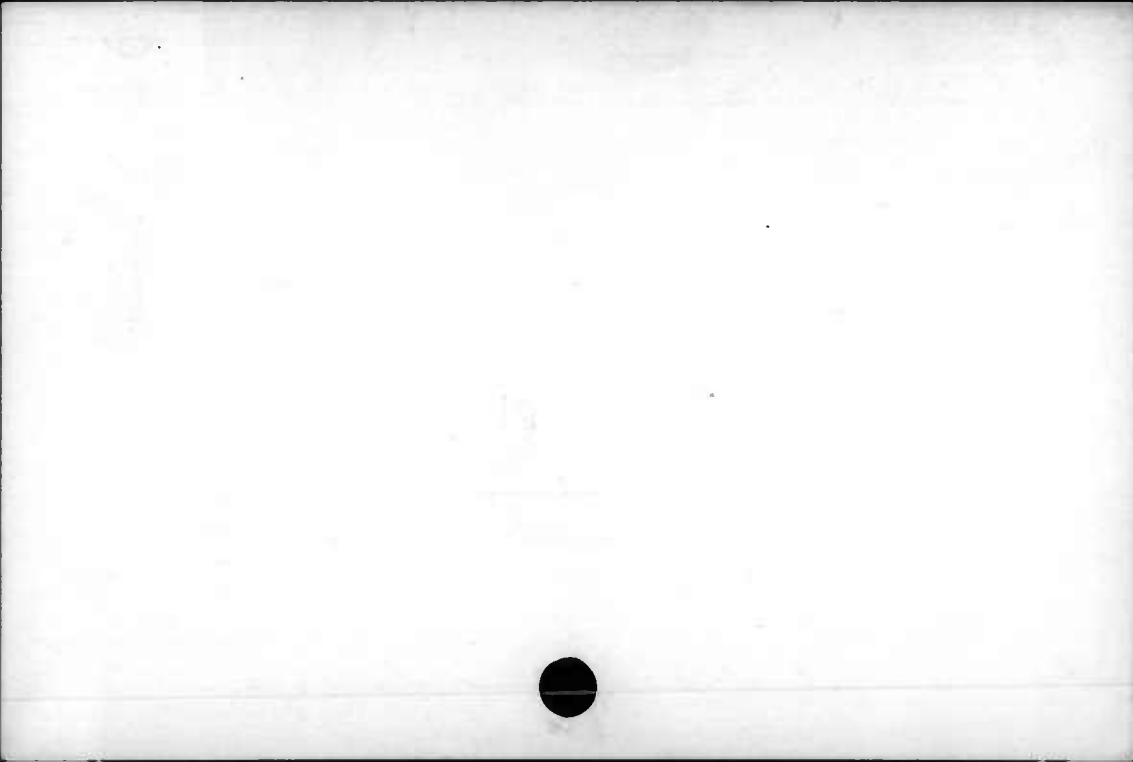
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Watson</i> ^{Town}			<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1905	Month	Nov.	Day	18	Age
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place
Occupation	<i>Housework</i>			Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>		Name of Husband	<i>Isaac Broughton</i>		
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>About 1 yr.</i>
Immediate	<i>Probably Cardiac Asthenia</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Chas. T. Fisher, M.D.</i>	
Accident or Suicide?			



Name
in
Full

Hannah Byrd

CERTIFICATE OF DEATH

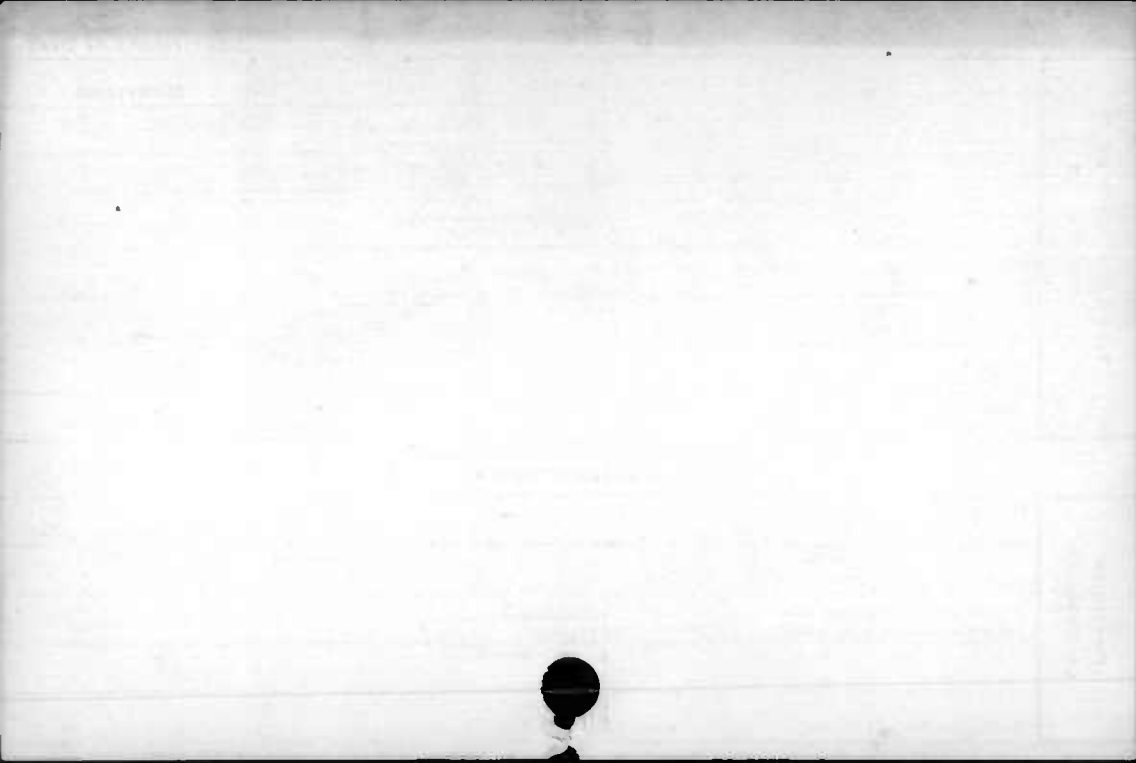
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawson		County Somerset		MARYLAND	
Date of death		1905	Month Nov	Day 27	Age 78	Months —	Days —
Sex Female		Color or Race White		Birth- place Lawson			
Occupation Housekeeper				Where Residing if not at place of death —			
Married, Single or Widowed Widow		Name of Wife or Husband Joseph Byrd					
Father's Name Aaron Sterling		Father's Birthplace Lawson					
Mother's Maiden Name Elizabeth Nelson		Mother's Birthplace Lawson					
Name of person giving In formation —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parris	How long	2 years
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. F. Stael	
		Address Crifield Md	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

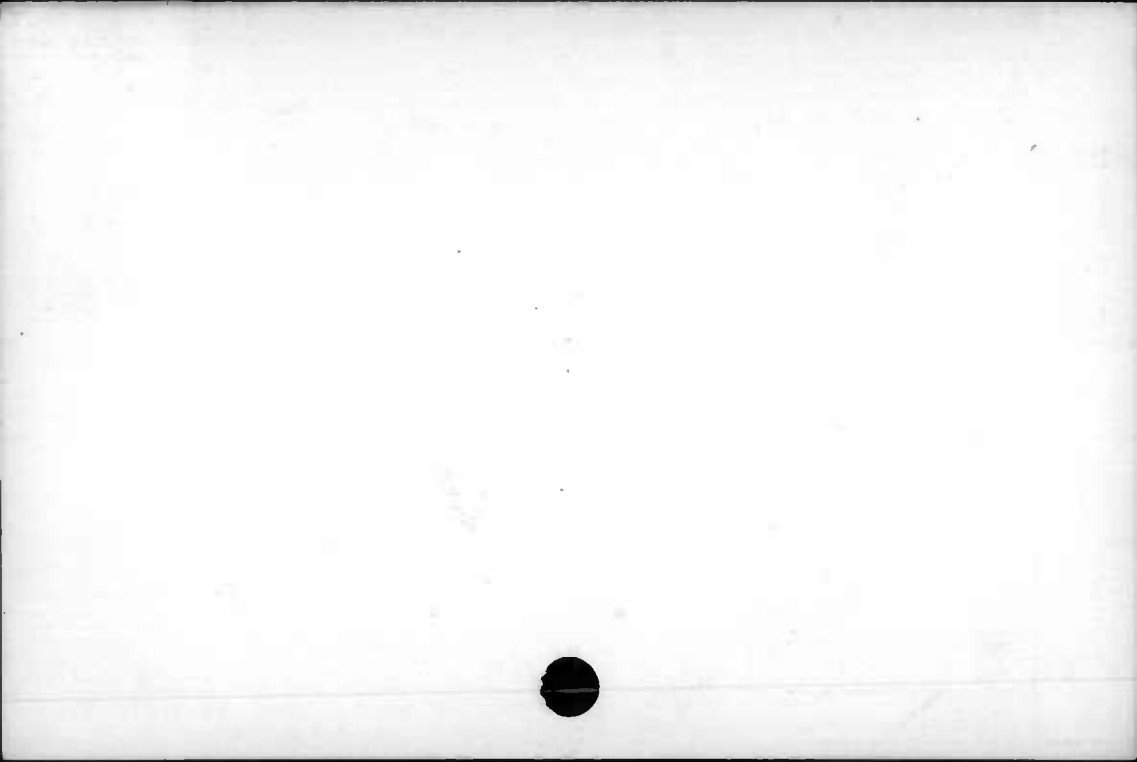
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sydney Dickenson</i>		Town <i>Punchew Landing</i>		County <i>Somerset</i>		MARYLAND <i>21</i>	
Died at <i>Punchew Landing</i>		Month <i>Nov.</i>		Day <i>4</i>		Years <i>22</i>	
Date of death <i>1905-</i>		Months <i>4</i>		Days <i>4</i>		Age <i>22</i>	
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place <i>Somerset County</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Alfred Dickenson</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Fancy Herring</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joseph Dickenson</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Crossing Rail road Track</i>	How long <i>100</i>
Immediate <i>Killed by Train</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Levin H. Hall, Brower</i>
	Address <i>Marion Station, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocala Island</i>		County <i>Sumner</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>77</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Deputy</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Dixon</i>			
Father's Name <i>Not known</i>			Father's Birthplace		
Mother's Maiden Name <i>"</i>			Mother's Birthplace		
Name of person giving information <i>Annie Dixon</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>2 years</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ann Dixon his wife</i>
	Address <i>Ocala Island Ind</i>
Accident or Suicide?	

This should have went off
last month but was misplaced

Yours Es B. Harris J.P.

Name
in
Full

Saml. Dryden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} West P.O.

^{County} Somerset

Date of death 1900 11

Day 5

Age Years 1

Months 18

Days -

Sex Boy

Color or Race White

Birth-place Somerset

Occupation -

Where Residing if not at place of death -

Married, Single or Widowed -

Name of Wife or Husband -

Father's Name Saml. & Dryden

Father's Birthplace Somerset Co.,

Mother's Maiden Name Noby Culver

Mother's Birthplace " "

Name of person giving information N. J. Pusey

How related to deceased W

CAUSES OF DEATH

Primary Has Cerebr

How long 4 m

Immediate Asthema

How long -

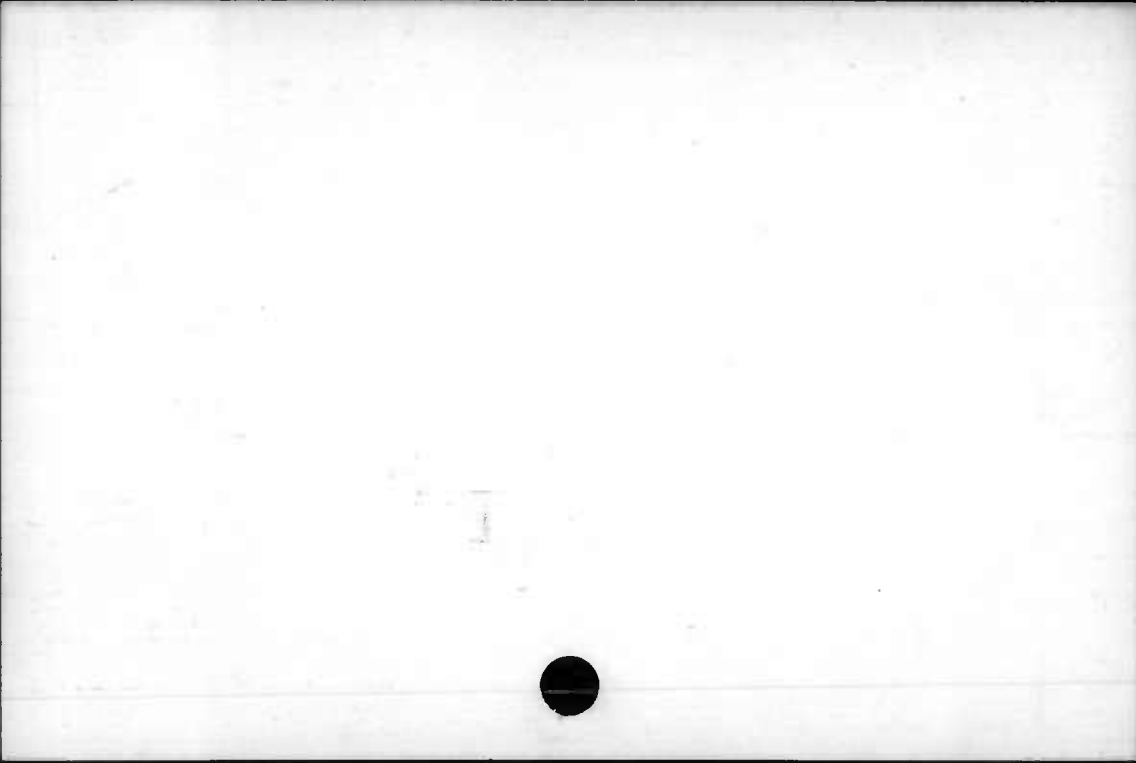
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Smith
P.O. Box 1000 and

Accident or Suicide?

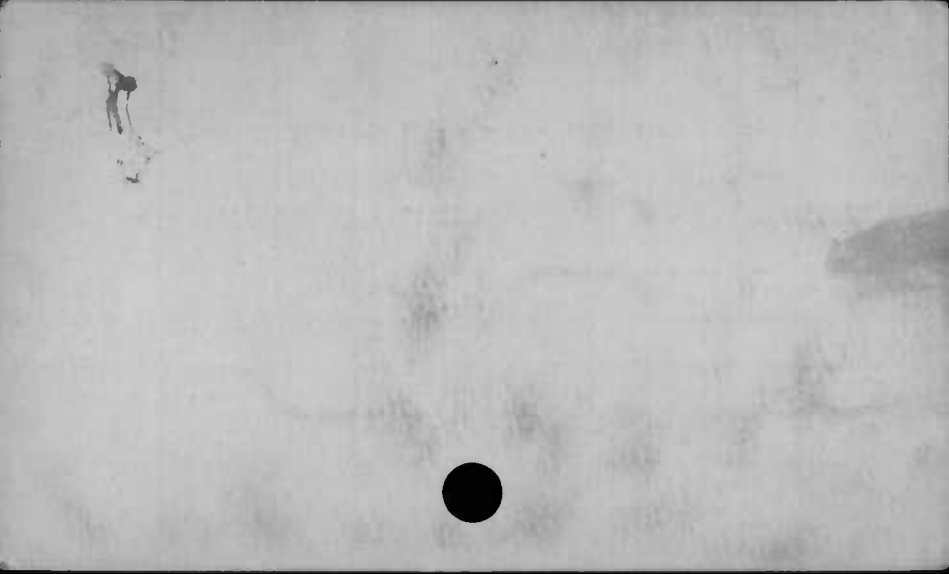


Samuel M. Evans
 Town County
 Died at *Piney Run, Somerset, Co.,* MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 19 *13* *11* Age *70*
 Male ~~White~~ ~~Married~~ Widow Divorced
 Female Colored Single ~~Widowed~~ Number of children living

Husband of
 Wife
 Father's Name *S. M. Evans* Mother's Maiden Name
 Cause of Death { Primary Immediate } How long sick *6 months*
 Accident, Suicide, Homicide

Reported by *Littell Adams*
 Address *Piney Run, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry E. Fields

CERTIFICATE OF DEATH

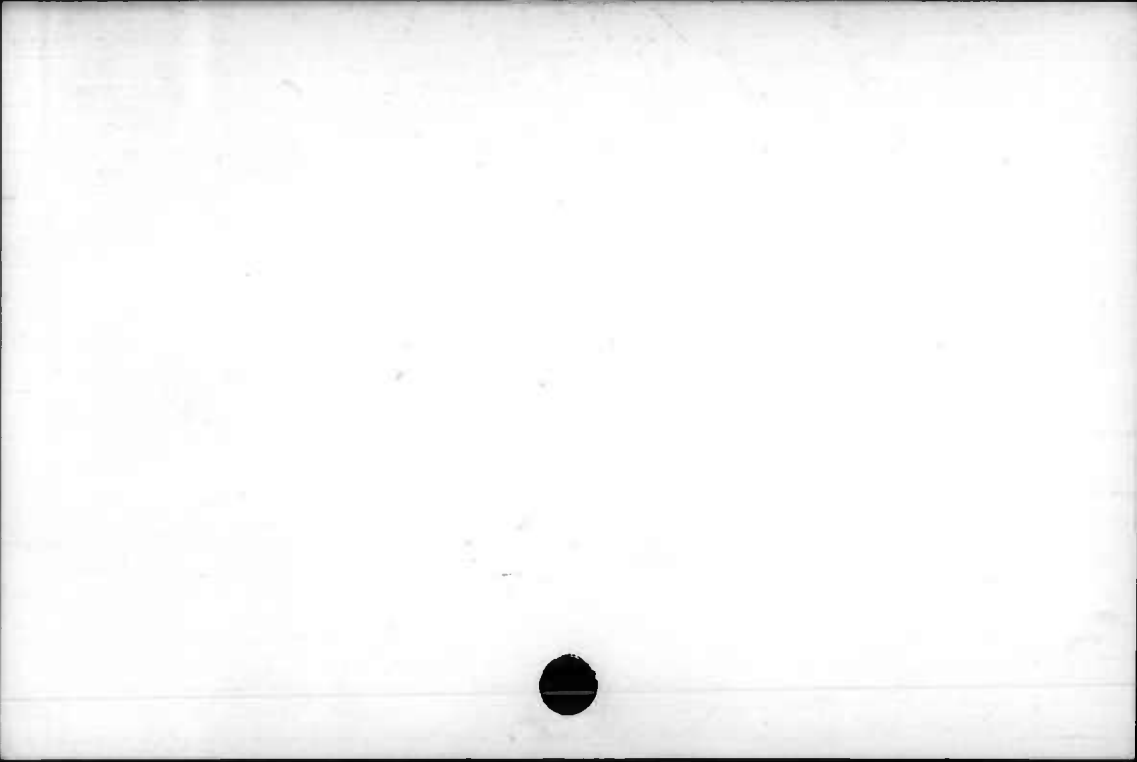
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Nov.	37th	33			
Sex		Color or Race		Birth-place			
Male		Colored		Somerset Co.			
Occupation				Where Residing If not at place of death			
Cyclor man							
Married, Single or Widowed		Name of Wife or Husband					
Married		Minerva Malcom					
Father's Name		Father's Birthplace					
Henry Fields		Somerset Co.					
Mother's Maiden Name		Mother's Birthplace					
Mary P. Malston		Somerset Co.					
Name of person giving information		How related to deceased					
Henry Fields		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Tuber Culosis	4 mos.
Exhaustion	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	S. J. Windsor M.D.
	Address
	Dr. J. S. Windsor, M.D.
	Somerset Co., Md.
Accident or Suicide?	



Name
in
Full

Morry Jones

Town

County

18/11/III
Somerville

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

Nov

Day

19-

Years

Age

Months

5-

Days

Sex

Female

Color or
Race

Colored.

Birth-
place

Md.

Occupation

-

Where Residing if not
at place of death

Chover Md.

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

John R. Jones

Father's
Birthplace

Md.

Mother's
Maiden Name

Hester Jones

Mother's
Birthplace

Md.

Name of person giving
In formation

John R. Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

dent No.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Jones.

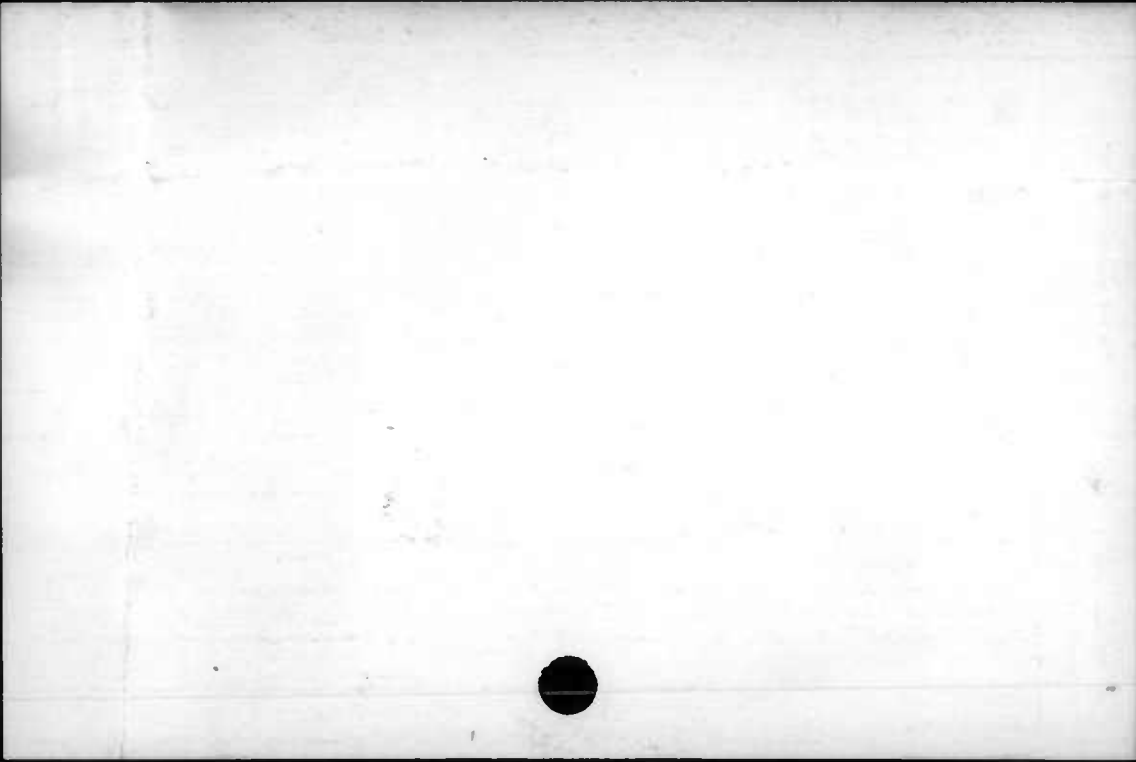
Address

-

Accident or Suicide?

No -

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mollie Jones

Died at *Habnab* TownCounty *Somerset*

MARYLAND

Date of death *1905* Month *Nov*Day *1*Age *22* Years

Months

Days

Sex *female*Color or
Race*Colored*Birth-
place*Monie*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Horace White*Father's
Birthplace*Habnab Md*Mother's
Maiden Name*Henrietta White*Mother's
Birthplace*" "*Name of person giving
In formation*father*How related
to deceased*father*

CAUSES OF DEATH

Primary

Consumption

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*James I Dennis
Undertaker*

Accident or Suicide?

Dr Hoyt

Name
in
Full

Edward Landon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} ~~Upper~~ Fairmount

County Somerset

MARYLAND

Date
of death 1905Month
NovDay
14Age
8

Months

Days

Sex Male

Color or
Race WhiteBirth-
place Fairmount

Occupation None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name Wm LandonFather's
Birthplace FairmountMother's
Maiden Name Maggie HitchinMother's
Birthplace Somerset CoName of person giving
In formation I am familiar with historyHow related
to deceased None

CAUSES OF DEATH

Primary Diphtheria

How long 2 weeks

Immediate Heart Failure

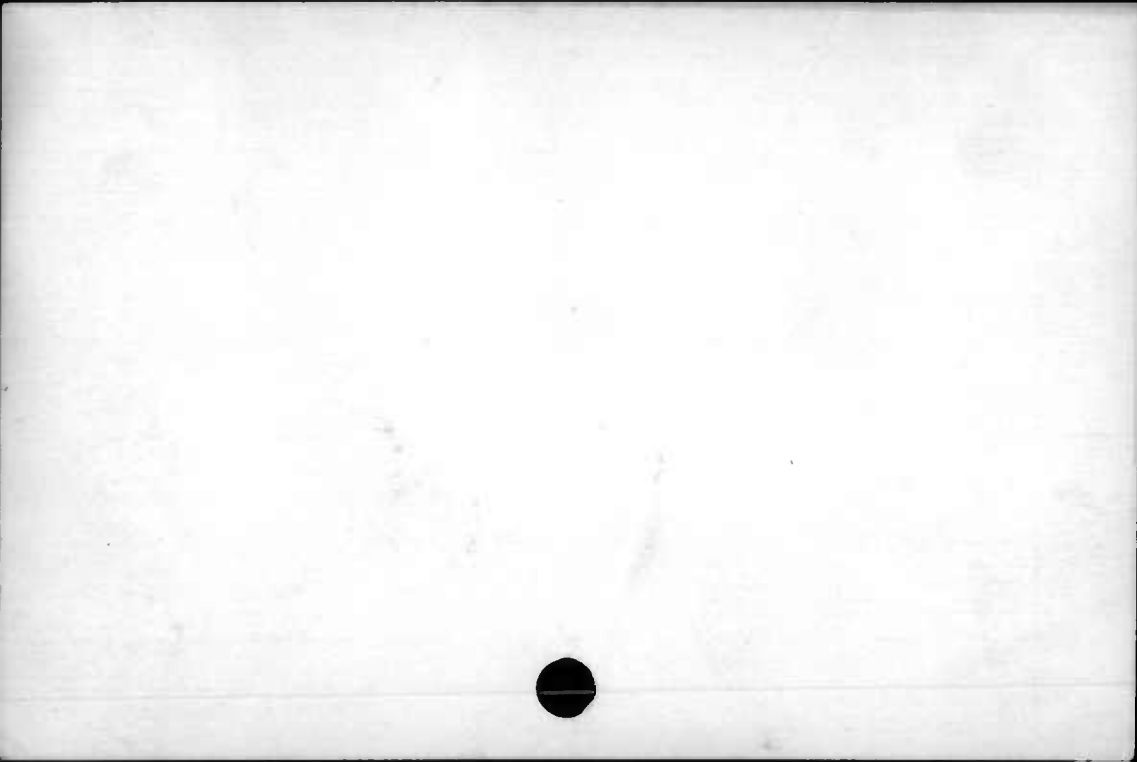
How long

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

G. E. Dickinson
Upper Fairmount

Accident or Suicide?



Name
in
Full

Albert Hartman Lankford

CERTIFICATE OF DEATH

Town

County

Died at

Princess Anne

County

Somerset

MARYLAND

Date

1905 Nov

Month

Day

15

Years

Age

—

Months

—

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Jerome J. Lankford

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary B. Webb

Mother's
Birthplace

Md.

Name of person giving
Information

Mother

How related
to deceased

—

CAUSES OF DEATH

Primary

Icterus

How long

2 days

Immediate

Convulsions

How long

1/2 hr.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. H. Fisher M.D.

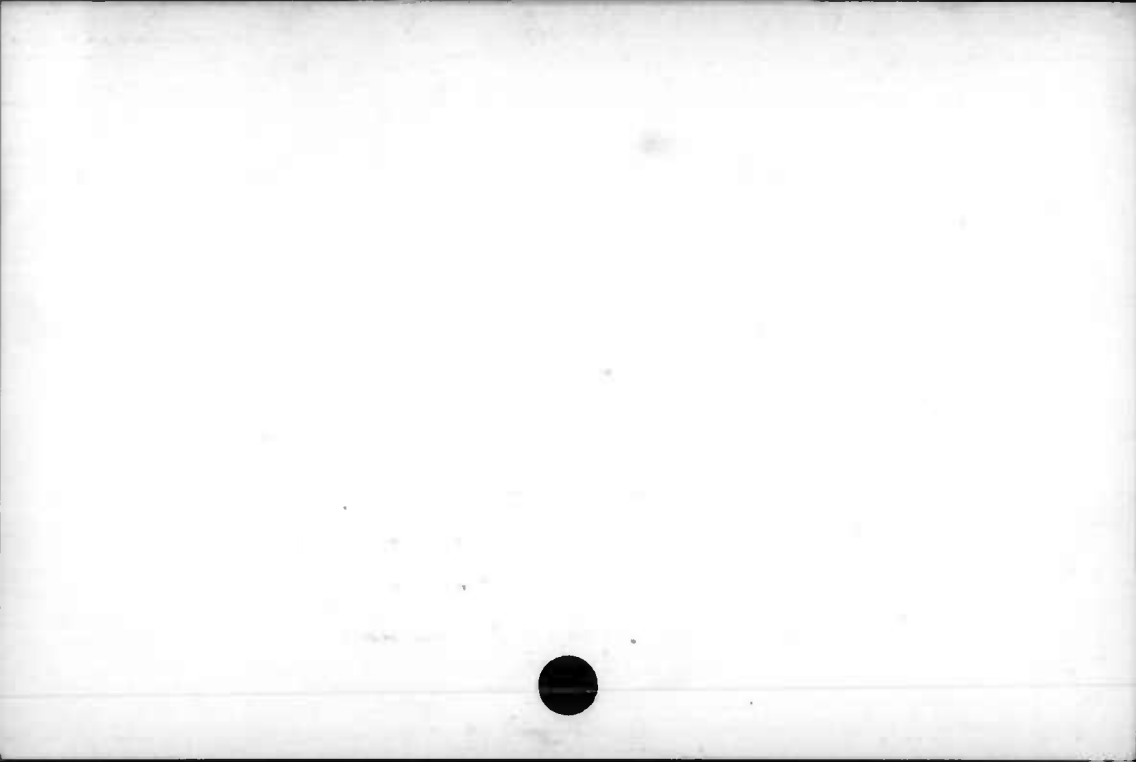
Address

Princess Anne

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Smith Lankford

CERTIFICATE OF DEATH

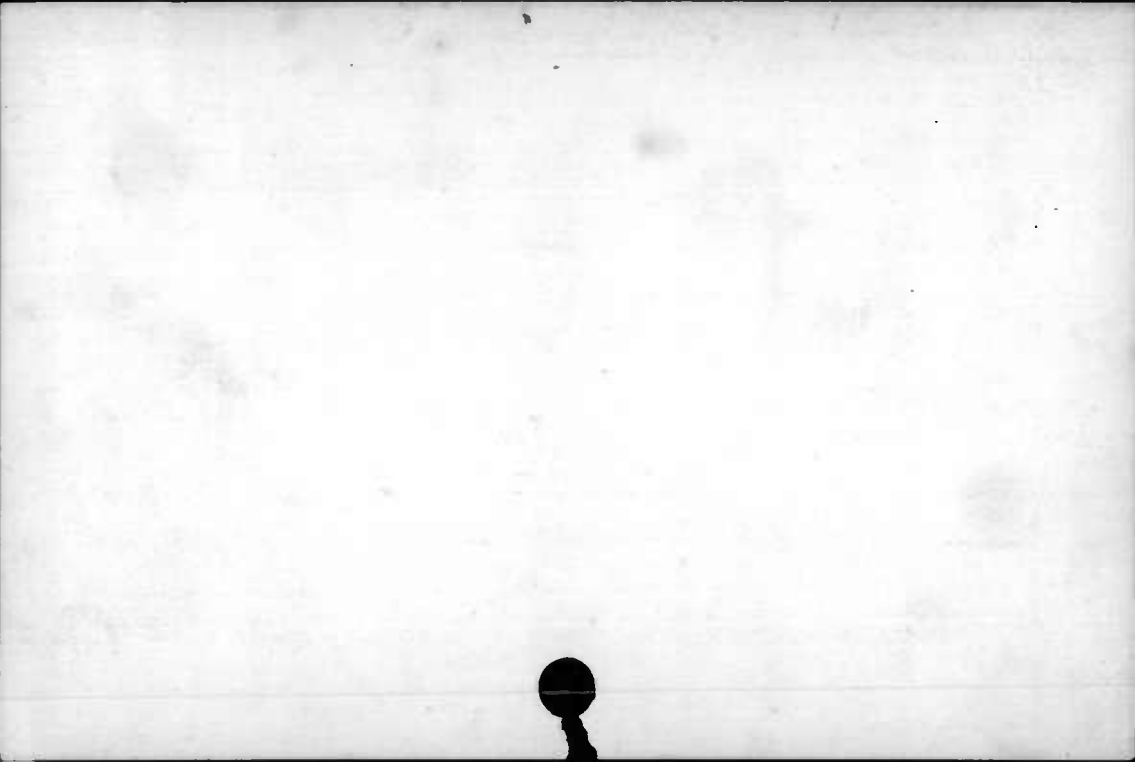
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>November</i>	Day <i>6</i>	Age	<i>82</i>	Years <i>9</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Somerset County</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>Benjamin Lankford</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Susan Porter</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Clarence P. Lankford</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Prostatitis & Nephritis</i>	How long	<i>1 year</i>
Immediate	<i>Uraemia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry M. Lankford, M.D.</i>	
<i>yes</i>		Address <i>Princess Anne</i>	
Accident or Suicide? <i>no</i>		<i>Maryland.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Patty Nelson

CERTIFICATE OF DEATH

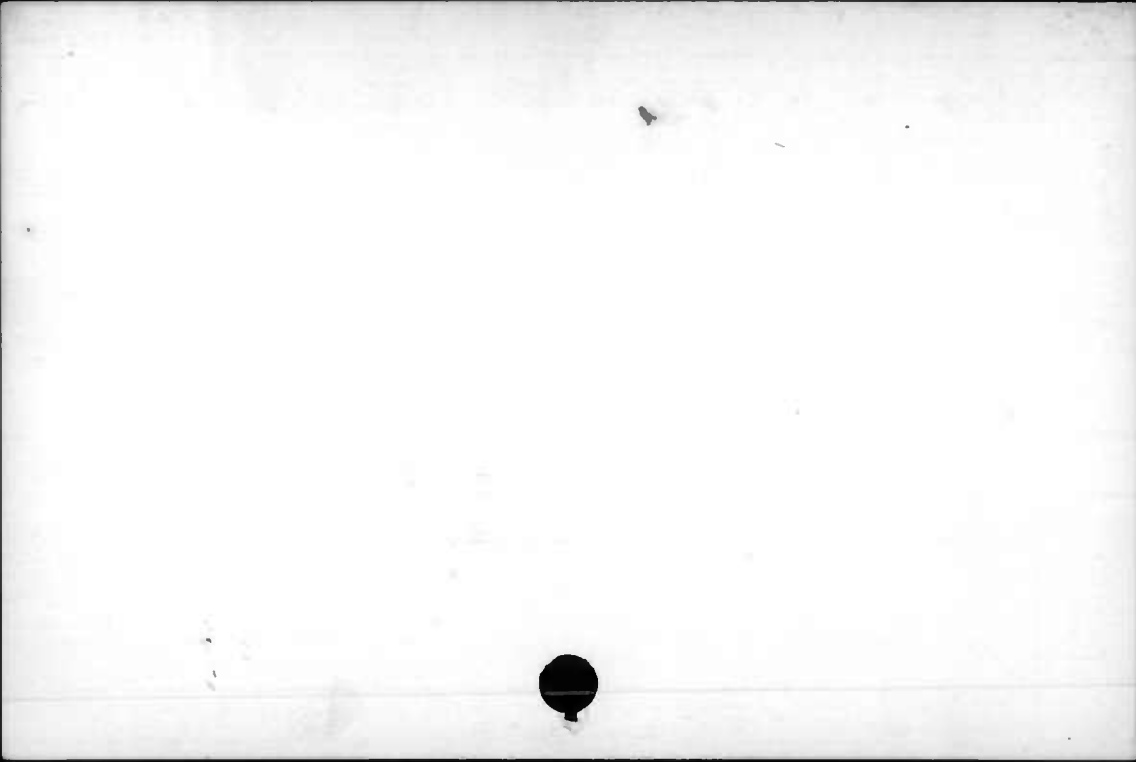
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leedsfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>88</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Leedsfield Md</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Zachariah Nelson</i>		Father's Birthplace <i>Leedsfield Md</i>			
Mother's Maiden Name <i>Rhoda Nelson</i>		Mother's Birthplace <i>Leedsfield Md</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>One year</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. F. Hall</i>
<i>Yes</i>	Address <i>Leedsfield Md</i>
Accident or Suicide?	



Name
in
Full

Esmine Percilla Ballard

CERTIFICATE OF DEATH

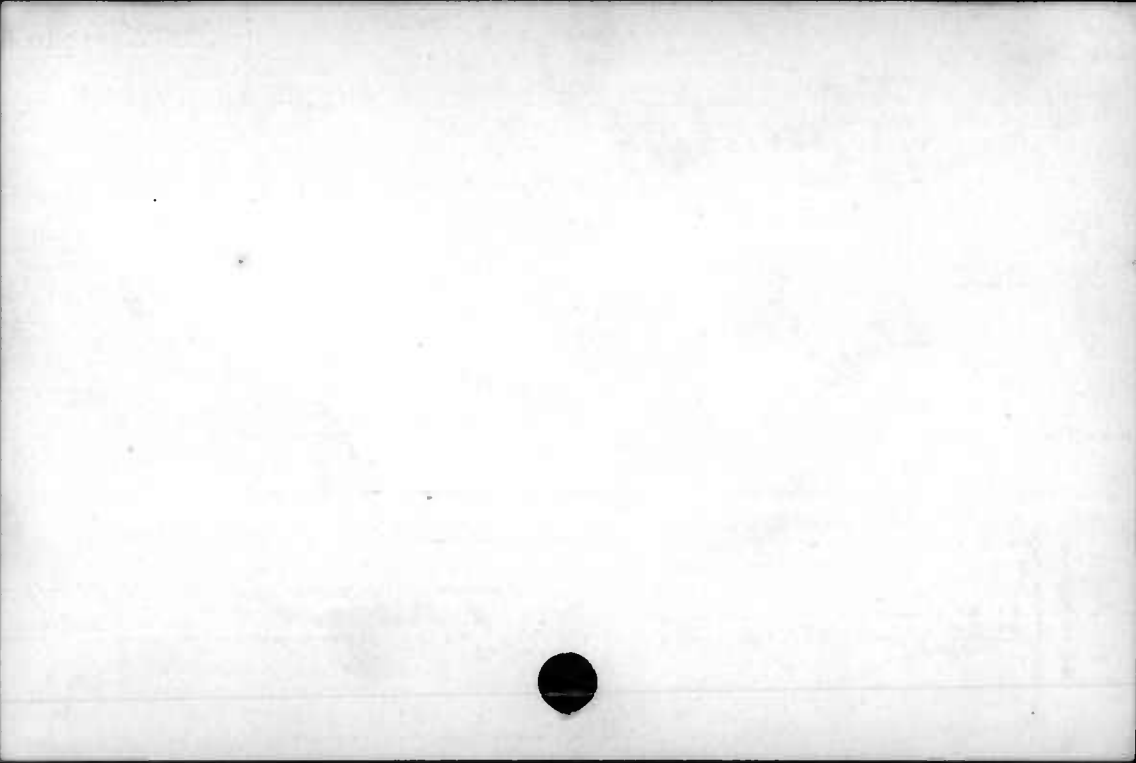
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Nov	17	6			
Sex		Color or Race		Birth-place			
Female		Colored		P. Anne.			
Occupation				Where Residing if not at place of death			
				11			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Henry Ballard				on own			
Mother's Maiden Name				Mother's Birthplace			
Amie E Miles				P. Anne			
Name of person giving information				How related to deceased			
Amie E Miles				mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
	4 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	J. J. Dennis
	Address
	Wendover
Accident or Suicide?	



Name

in

Full

Annie Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Danvers County Somerset MARYLAND

Date of death 1900 Nov. 11th Age — Years — Months 4 Days —

Sex Female Color or Race Colored Birth-place Somerset

Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

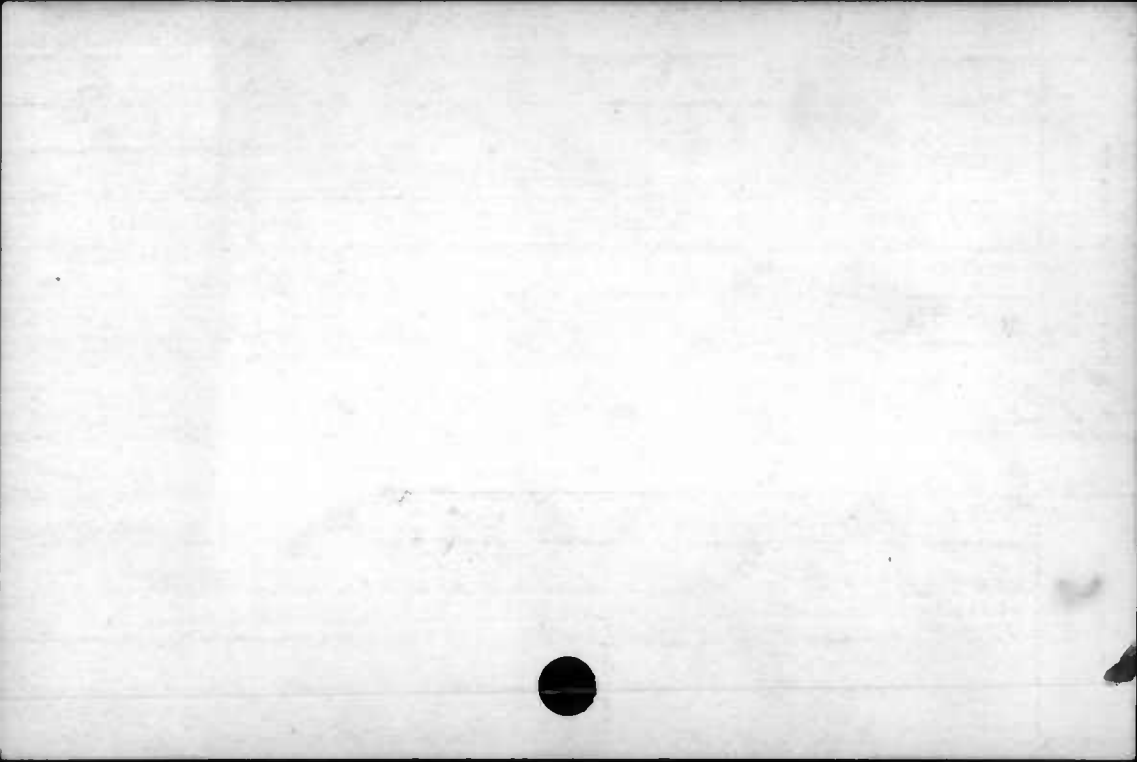
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

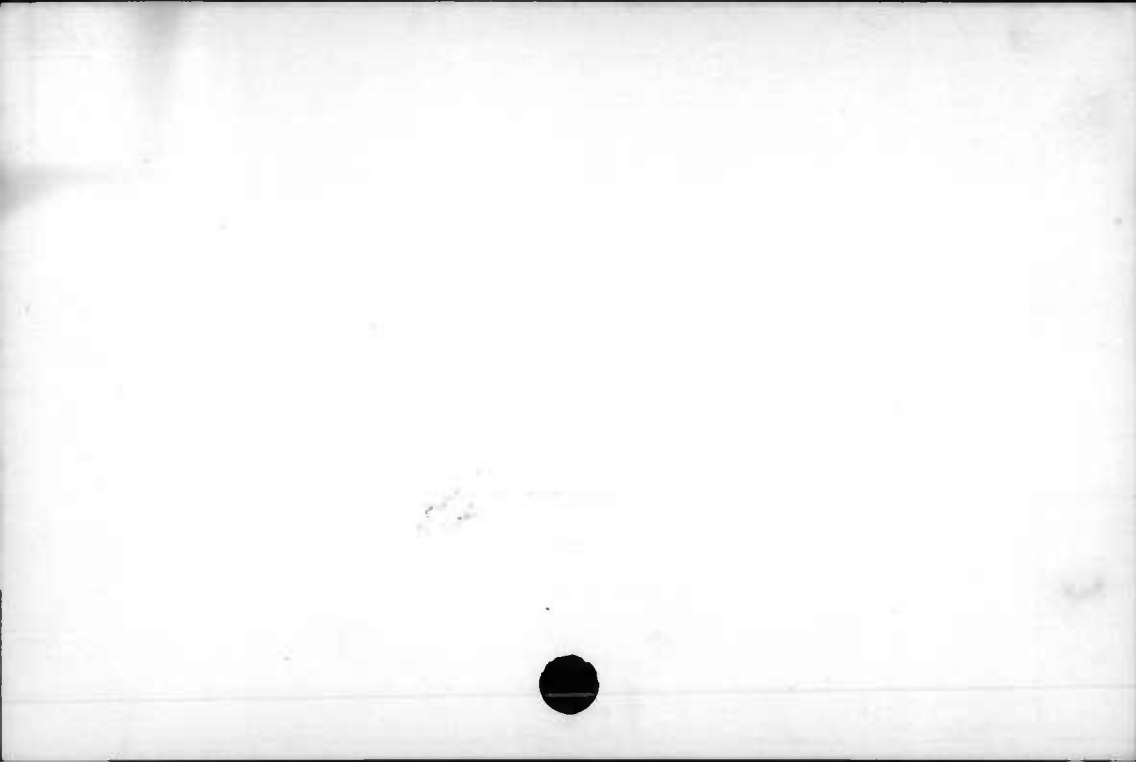
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leansfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Boy</i>	Color or Race <i>Col</i>		Birth-place <i>Leansfield</i>		
Occupation		Where Residing if not at place of death <i>at Leansfield</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Robertson Kelly</i>		Father's Birthplace <i>Morris MD</i>			
Mother's Maiden Name <i>Alexia Dixon</i>		Mother's Birthplace <i>Pocomoke City</i>			
Name of person giving information <i>Isaac Hicks</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary	<i>None no</i>	How long	<i>2 days</i>
Immediate	<i>3 days yes</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Isaac Hicks</i>	
		Address <i>Under Lake</i>	
Accident or Suicide?		<i>Leansfield MD</i>	

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma Shores* Town *Seals Island* County *Somerset* MARYLAND

Died at *Seals Island*

Date of death *1905 Nov 18* Age *4* Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

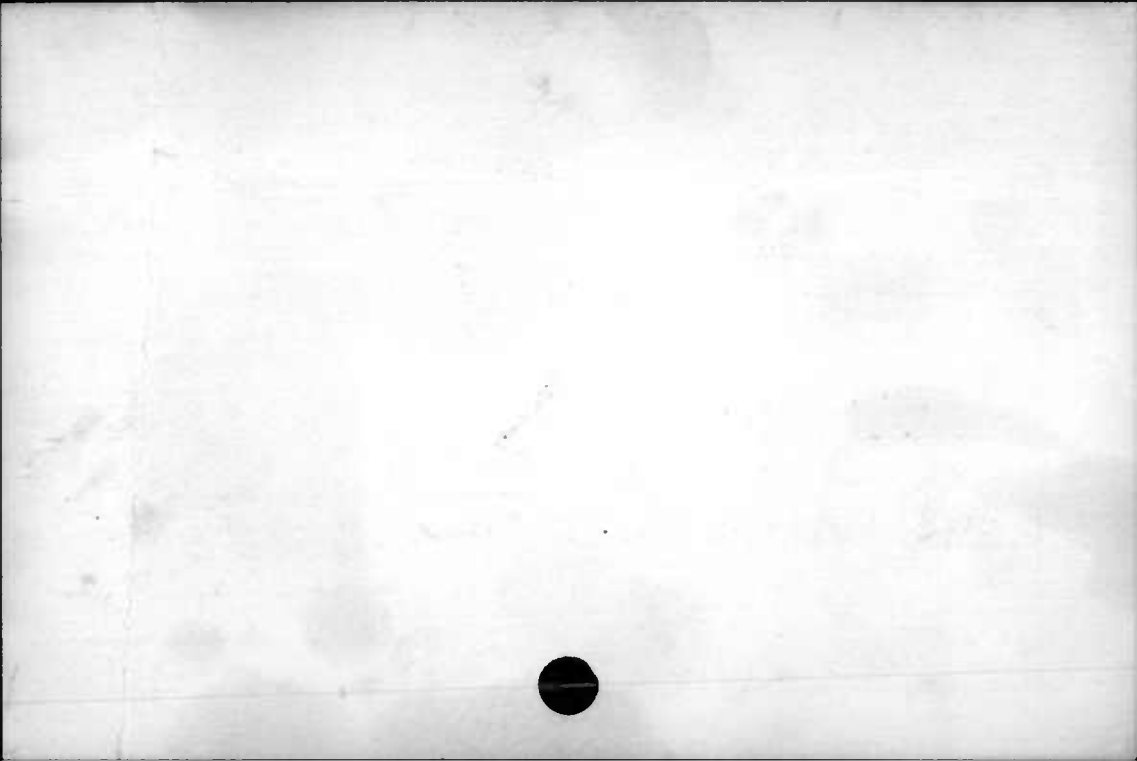
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary E Somers

CERTIFICATE OF DEATH

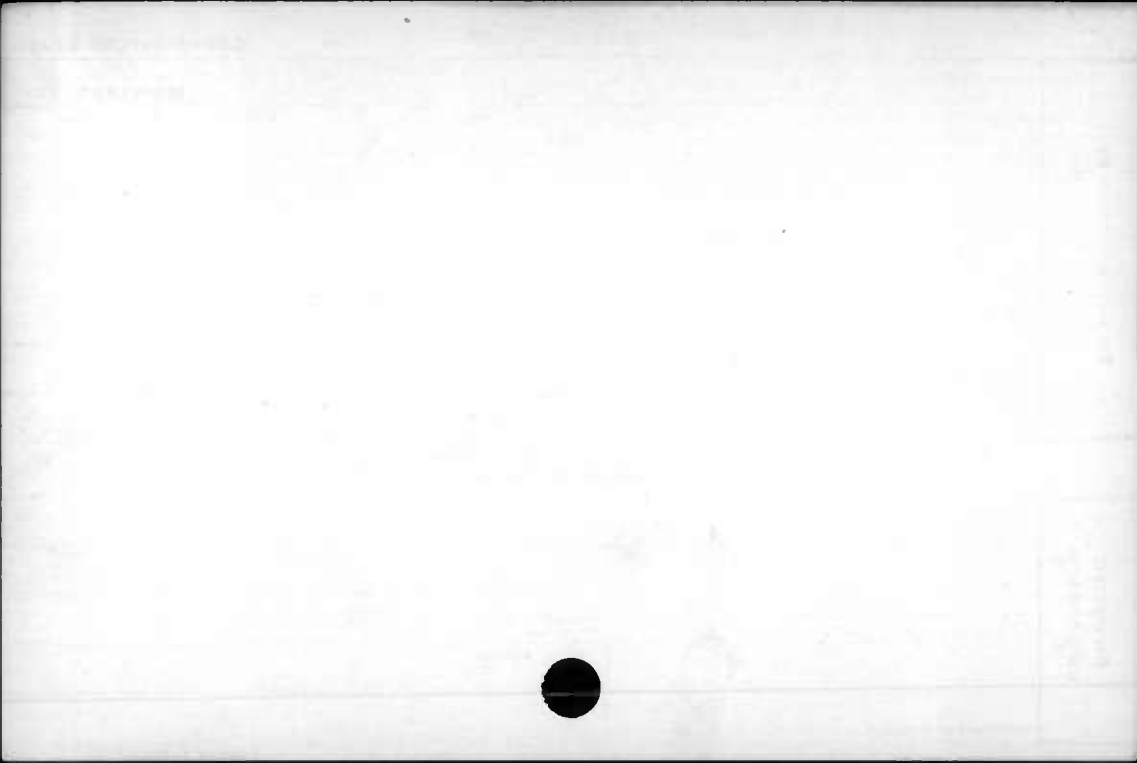
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>53</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Allen J Somers</i>				
Father's Name <i>Griffith Hoffman</i>	Father's Birthplace <i>VA</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>One year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hull</i>
	Address <i>Chesfield MD</i>
Accident or Suicide?	



Name
in
Full

Norma Gertrude Swift

CERTIFICATE OF DEATH

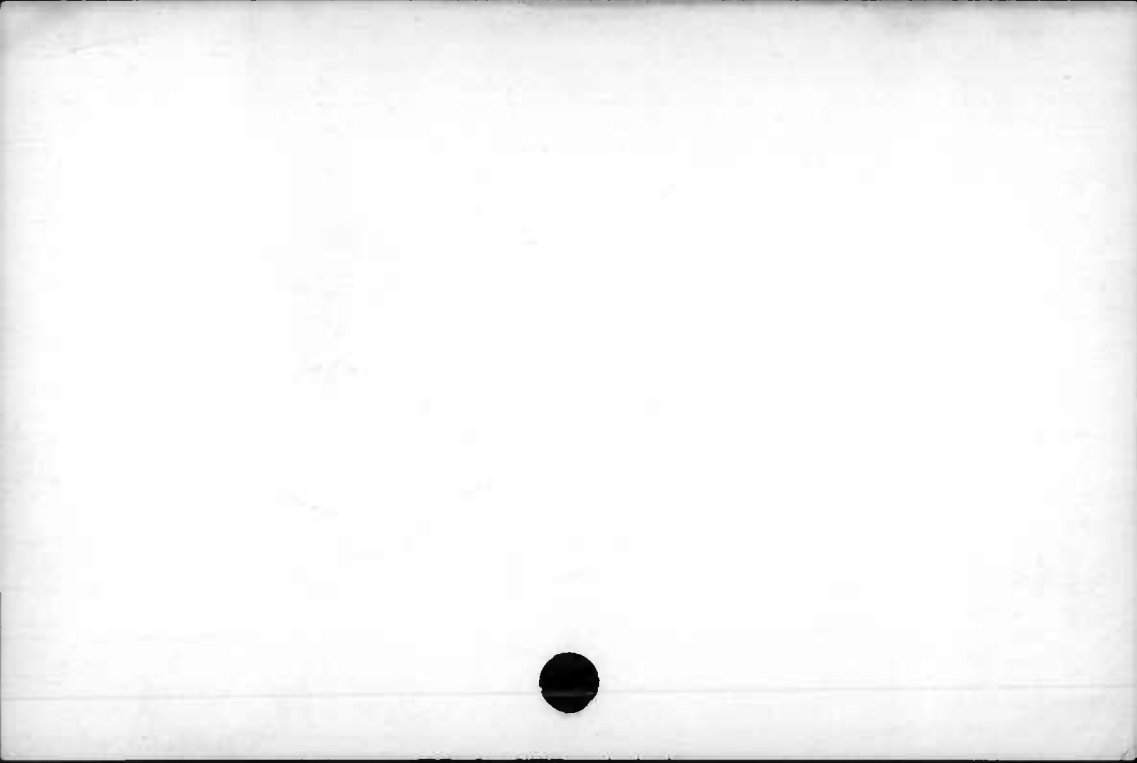
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hopewell		^{County} Somerset		MARYLAND	
Date of death 1905		Month Nov	Day 28	Age	Years 3 Months 15 Days
Sex Female	Color or Race White	Birth-place Hopewell, Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Jefferson D Swift		Father's Birthplace Somerset Co Md			
Mother's Maiden Name Annie Tucker		Mother's Birthplace Somerset Co			
Name of person giving information Jaf. D Swift		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholerae Poisoning	How long 6 hours
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician W F Hall
		Address Orifield Md
Accident or Suicide?	Accident	



Name

In
Full

Eva May Tull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chancellor</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month}	<u>Nov</u> ^{Day}	<u>4th</u> ^{Age}	<u>8</u> ^{Years}	<u>8</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Somerset Co.</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<u>Bronchopneumonia</u>	How long	<u>3 weeks</u>
Immediate	<u>asthma</u>	How long	<u>-</u>

Are the name, age, sex, color, date and place correctly given above?

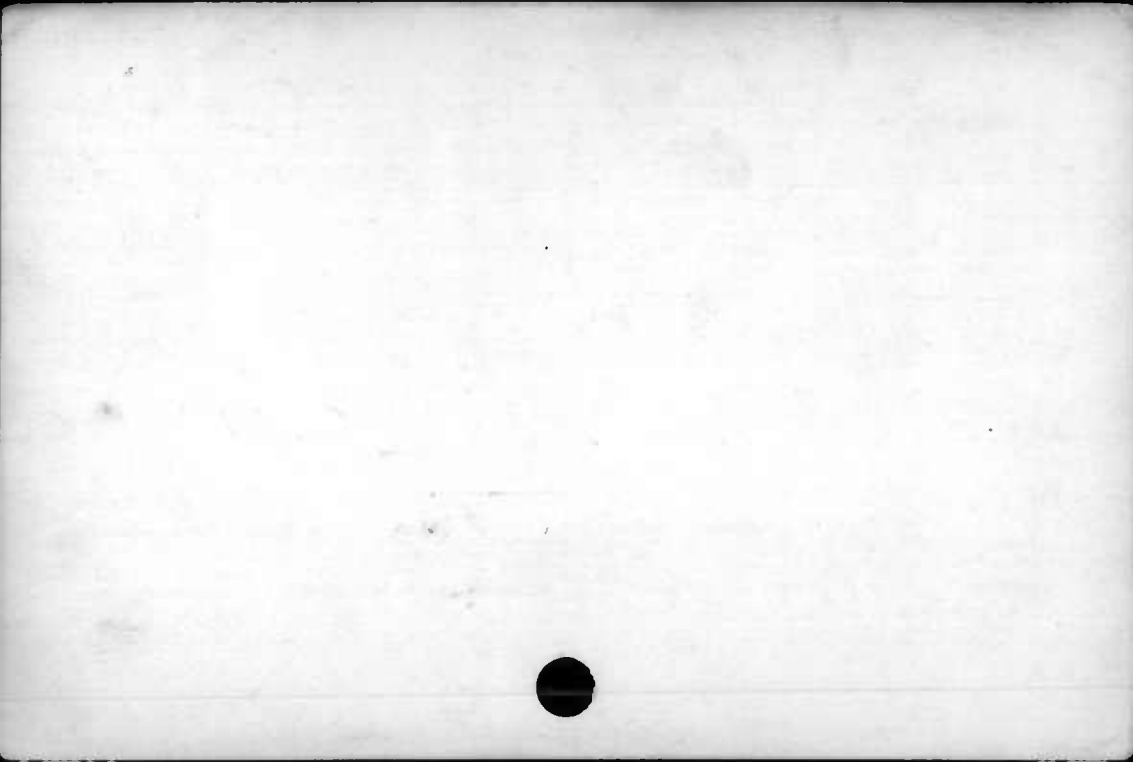
No

Signature of Physician

Address

S. J. Kimberson, M.D.
Physician
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

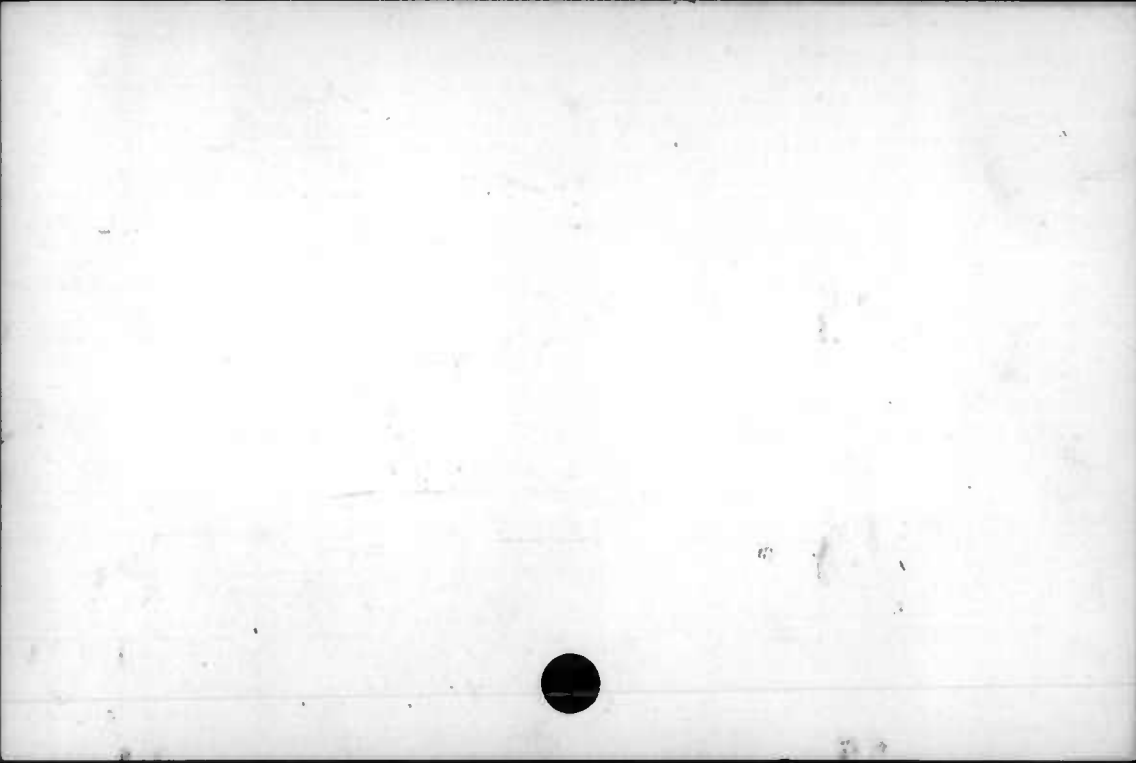
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i>		Town <i>Deals Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>7</i>		Age <i>3 years</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Danes Lark</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Deals Island Md</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Levin's Watson</i>				Father's Birthplace <i>Danes Lark</i>			
Mother's Maiden Name <i>Rebecca Steved</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>measles</i>	How long <i>6 weeks</i>
Immediate <i>measles</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr S. J. Howard</i>
	Address <i>—</i>
Accident or Suicide?	



Name
in
Full

Trippina Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

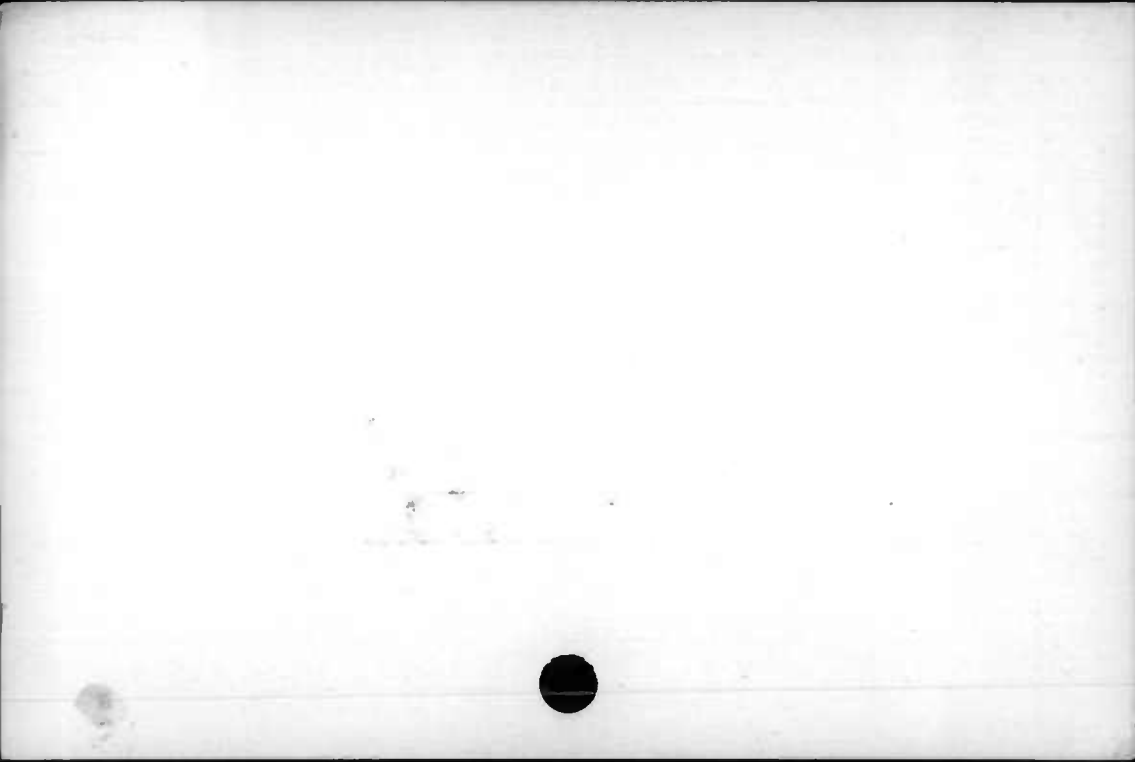
Died at ^{Town} *Brinsfield* ^{County} *Somerset*Date of death ^{Month} *Nov* ^{Day} *23* ^{Years} *59* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *MD*Occupation *House wife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *William Webster*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Daisy Hancock* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Nephritis, Mitral Regurgitation*How long *—*Immediate *Paralysis, Pulmonary Oedema*How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*Signature of Physician *Wm H. Coulbourn*Address *Brinsfield, Somerset Co., MD*Accident or Suicide? *X*



Name in Full		TOWN				COUNTY		STATE	
Mary V. White		Died at		Somersworth		County		MARYLAND	
Date of death		1905		Month		Nov		Day	
Age		21		Years		Months		Days	
Sex		Female		Color or Race		Colored		Birth- place	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Stella H. White			
Father's Name		John White		Father's Birthplace		Somersworth			
Mother's Maiden Name		Josephine Leatherberry		Mother's Birthplace		Somersworth			
Name of person giving Information		Stella H. White		How related to deceased		Husband			
CAUSES OF DEATH									
Primary		Tuberculosis				How long		6 mos.	
Immediate		asthenia				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		A. J. Windsor, M.D.	
Accident or Suicide?						Address		Somersworth, Md.	

